



We report a case series of anaphylaxis to chlorhexidine-coated central venous catheters (CVCs) when used in cardiac surgical patients in our institution” Baird and Cokis (2019).

Abstract:

We report a case series of anaphylaxis to chlorhexidine-coated central venous catheters (CVCs) when used in cardiac surgical patients in our institution. Our experience, together with increasing reports of anaphylaxis to chlorhexidine-coated CVCs from other sources indicates that chlorhexidine-coated CVCs are not without additional risk. Attempts to lower rates of catheter-related bloodstream infection has led to the widespread adoption of chlorhexidine-coated CVCs in the perioperative and critical care setting, including for routine cardiac surgery. However, closer scrutiny indicates that there is lack of strong evidence demonstrating a meaningful reduction in rates of sepsis or serious morbidity, especially with CVC dwell times of less than seven days. Given the lack of clear benefit, we recommend non-coated CVCs for routine cardiac surgery, with even consideration for chlorhexidine-coated CVCs when specifically indicated for patients at high risk of CVC infection.

You may also be interested in...

- Chlorhexidine anaphylaxis in a perioperative context
- Tunneled central venous catheters in pediatric intestinal failure
- Central venous access catheter tunnel rupture

Reference:

Baird, P.A. and Cokis, C.J. (2019) A case series of anaphylaxis to chlorhexidine-impregnated central venous catheters in cardiac surgical patients. *Anaesthesia and Intensive Care*. 47(1), p.5-89.

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